

CULPEPER COUNTY SHERIFF'S OFFICE  
110 WEST CAMERON STREET  
CULPEPER, VIRGINIA 22701

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Any Doctor, Physician, Psychologist, Dentist, Hospital, Nursing Home, Medical Association, Health Clinics or Attorneys-at-Law

U.S. Armed Forces, Maritime Service, Veterans Administration or Association, or U.S. Selective Service System

Any Academic Dean, Registrar, Principal Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, High School, or Elementary School, Public or Private

Any Local, State, Federal Law Enforcement Agency

Any Past or Present Employer, Credit Bureau, or Retail Merchants Association

I, \_\_\_\_\_, Address \_\_\_\_\_  
Have applied for employment with the Culpeper County Emergency Communications 911 Center. I am aware that my entire background is to be investigated thoroughly and I hereby authorize and request that release of any and all information you may have concerning me (including transcripts of an academic records) to the Culpeper County Sheriff's Office upon presentations of this release or a copy thereof.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability as a result of furnishing such information.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

GIVEN UNDER MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

STATE OF VIRGINIA, COUNTY/TOWN OF \_\_\_\_\_ ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_ this day, acknowledged his/her signature to the above instrument, and having been duly sworn by me, made oath that the statement made in this instrument are true.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_